



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-92
(619) 338-2364 FAX (619) 338-2377
1-800-253-9933



POOL EQUIPMENT CHANGE

Name of Facility			
Site Address			
Site APN		Year Built (if Known):	
Pool Permit Holder		Phone Number:	
Contractor Name & Company		Phone Number:	
Contact Person		Contractor's Lic. #:	
		Phone Number:	

If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled (If more than one pool is remodeled, submit separately):

DIMENSIONS

Surface area:	<u>Rectangle or square</u> : (length)_____ x (width)_____ = _____ sq. ft. <u>Circle</u> : 3.14 x (radius)_____ ² = _____ sq. ft. <u>Kidney</u> : [(small width)_____ + (large width)_____] / 2 x (length)_____ x .45 = _____ sq. ft.
Volume:	(Surface area)_____ x (av. Depth) _____ x 7.48gal./cu.ft. = _____ gallons
Turnover rate:	Pool: (gallons) / 360 minutes = _____ gpm Spa: (gallons) / 30 minutes = _____ gpm Wading pool: (gallons) / 60 min. = _____ gpm

EQUIPMENT	Existing	New
FILTER: Make and Model:		
Type:		
PUMP: Make and Model:		
H.P.:		
SANITIZER: Make and Model:		
Type:		
FLOWMETER: Make and Model:		
HEATER: Make and Model/ BTUs		

Description of additional changes (i.e., plumbing, electrical, structural, etc.):

Schematic diagram of proposed equipment layout:

Minor remodel approved by: _____ Date: _____

Comments: _____

OFFICE USE ONLY

Amount Paid _____ Check# _____ Intake Date _____
Acct. Code _____ CT _____ City/County Code _____
Route Code _____ Field PC Staff _____
Plan Check # _____ Permit # _____ Activity Code _____